DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



December 14, 1990

ALL-COUNTY INFORMATION NOTICE NO. 1-90-90

TO: ALL-COUNTY WELFARE DIRECTORS

SUBJECT: UPDATE TO THE LEGISLATIVE REPORT FOR THE EVALUATION OF THE ADULT PROTECTIVE SERVICES DEMONSTRATION PROJECTS

The purpose of this letter is to inform Counties of the results of the Adult Protective Services (APS) demonstration projects which under Senate Bill (SB) 438 (Mello) extended until January 1, 1990, the continuation of those APS demonstration projects, conducted in five consenting Counties, in accordance with the terms and conditions of Chapter 1163, Statutes of 1985 (SB 129).

The Counties participating in this project were Mendocino, Orange, Sacramento, San Bernardino and Tuolumne. As a result of this legislation the State Department of Social Services is required to submit to the Legislature a report updating the project findings. This report entitled "An Update to the Evaluation of the Adult Protective Services Demonstration Project Conducted Pursuant to Chapter 1163, Statutes of 1985 (SB 129 Mello)" is attached.

If you have any questions regarding this report, please contact Ms. Lynda Grimm, Adult Protective Services Unit, Adult Services Branch at (916) 323-5760.

LOREN D. SWER

Deputy Director

Adult and Family Services

Attachments

cc: CWDA

REPORT TO THE LEGISLATURE

AN UPDATE TO THE EVALUATION OF THE

ADULT PROTECTIVE SERVICES DEMONSTRATION PROJECT

CONDUCTED PURSUANT TO CHAPTER 1163, STATUTES OF 1985

(SB 129, Mello)

State of California Health and Welfare Agency Department of Social Services June 1990

REPORT MANDATE

CHAPTER 1166, STATUTES OF 1987 (SB 438, Mello)

Description: Senate Bill (SB) 438 extended until January 1, 1990 the date on which authorization was repealed for the Adult Protective Services (APS) demonstration project conducted in five consenting Counties in accordance with the terms and conditions of Chapter 1163, Statutes of 1985 (SB 129, Mello). The Counties participating in this project were Mendocino, Orange, Sacramento, Tuolumne and San Bernardino. As a result of the extension authorized by SB 438, the State Department of Social Services (SDSS) is required to submit to the Legislature a report updating the project findings presented in its earlier evaluation report of the SB 129 project. That report is entitled "Evaluation of the Adult Protective Services and Elder/Dependent Adult Emergency Shelter Demonstration Projects."

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EXECUTIVE SUMMARY

From October 1986 through December 1989, the State Department of Social Services (SDSS) conducted the Adult Protective Services (APS) Demonstration Project in the following five consenting Counties: Tuolumne, Mendocino, San Bernardino, Orange and Sacramento. The project was initially funded by Senate Bill (SB) 129 (Mello) and later by SB 438 (Mello). This funding enabled the project Counties to provide APS at a level that exceeds the level of APS currently available throughout the rest of the State.

The intent of the demonstration project was to test various approaches to providing protective services to elders and dependent adults unable to protect their own interests who are threatened by abuse, neglect, abandonment or exploitation. With the demise of SB 438 funding, three project Counties, Tuolumne, Mendocino and San Bernardino reverted to pre-project service levels, while the remaining two Counties opted to continue the project with County-only monies through June 1990.

This report presents the findings derived from the second half of the demonstration project funded by SB 438. These findings confirm the earlier SB 129 findings and, therefore, do not alter the Department's original recommendations for APS program improvements. The project Counties targeted the most essential services in an APS delivery system and demonstrated that uniform services can be provided on a statewide basis. The annual cost of operating a program based on the Department's recommended service standards is estimated at \$76 million as outlined in the Department's earlier report.

Following is a sample SB 438 project case demonstrating services provided by Tuolumne County during the term of this project.

<u>The Anna I. Case</u>

The Tuolumne County Welfare Department received three referrals over an 8-month period regarding a 73-year old female client who was virtually being held prisoner by her daughter with whom she lived. The client had previously suffered a stroke, was wheelchair bound and was being treated by a physician for ulcers sustained by the stress of her living situation. The client's daughter had no income of her own and was financially dependent on her mother.

The client was prohibited by her daughter from having contact with anyone, including other family members who were unwilling to intervene on the client's behalf. It was only after initial contact with the welfare department that the daughter reluctantly allowed the client to attend Adult Day Health Care (ADHC). It was then determined that the daughter was stealing the client's Social Security checks and had been inflicting emotional and verbal abuse upon her mother. The client had no control over her finances, although she was competent to do so.

The client frequently expressed fear to employees at ADHC about returning to her daughter's home. During this period, the Adult Protective Services (APS) worker repeatedly offered to intervene and assist her in relocating. The client eventually became so fearful of her daughter that she agreed to accept temporary board and care placement which was purchased with SB 438 project funds.

During this temporary placement, the APS worker located an apartment for the client and helped the client in accessing financial resources to pay, for the rental deposit and movers. An attendant was located through the In-Home Supportive Services (IHSS) Program to assist the client with personal care. The APS worker assisted the client in removing the daughter's name from her bank account and contacted local law enforcement who provided standby so that the client's possessions could be removed from the daughter's home. An emergency call system was installed in the client's new apartment.

The client is still living in this apartment and attends ADHC regularly. She is once again in control of her finances and her own life and is able to enjoy visits from her family and friends.

I. INTRODUCTION

This report was prepared in compliance with Senate Bill (SS) 438 (Mello) which requires the State Department of Social Services (SDSS) to submit a final report to the California Legislature updating the "Adult Protective Services Demonstration Project" findings. The original project findings were presented in the Department's report of December 1988 submitted in compliance with the requirements of SB 129 (Mello) and Assembly Bill (ÅB) 57 (Bradley).

The Department's original report is entitled "Evaluation of the Adult Protective Services and Elder/Dependent Adult Emergency Shelter Demonstration Projects." Copies of the report and this update can be obtained by contacting the Department of Social Services, Adult Services Bureau, 744 P Street, Mail Station 6-536, Sacramento, CA. 95814.

Adult Protective Services in California

SDSS oversees the Adult Protective Services (APS) Program operated by the 58 individual County welfare departments. This program is one of the eight mandatory services that must be provided by each County under the current public social services system designed to address the five federal service goals established by the 1975 Title XX amendments to the Social Security Act. The objective of APS is to provide services designed to prevent or remedy abuse, neglect or exploitation of persons 18 years or older who are unable to protect their own interests.

APS consists of a variety of services or activities performed or arranged by social services staff of the County welfare departments. Often the services are rendered by other public or private service providers through arrangements or contracts with the individual Counties. Examples of services include prompt intervention to alleviate the dangerous circumstances threatening the individual's well-being, emergency shelter, counseling and arranging for alternate or improved living conditions.

The actual methods for providing services vary between Counties; however, services must be appropriate to federal goal attainment and to achievement of specific service plan objectives for the client. Except in the cases of incompetent adults where Court intervention is sought, the adult's consent to services is required and the least intrusive remedies are utilized.

Current law, Welfare and Institutions Code (W&IC), Chapter 13, governing APS in California is extremely brief. W&IC Section 1575D requires each County welfare department to establish a system of protective services for elderly and dependent adults who may be subjected to neglect, abuse or exploitation or who are unable to protect their own interests. Services may include, but are not limited to investigations, needs assessment, a system for reporting abuse on a 24-hour basis, emergency shelter, adult respite care and the use of a multidisciplinary team for obtaining information. The Statute is permissive and does not require the Counties to provide these services. Similarly, current departmental regulations state the intent of the APS Program, i.e., protection of elders and dependent adults, but do not mandate program services nor provide service standards to guide the Counties.

Eunding for Adult Protective Services

Since the Omnibus Budget Reconciliation Act of 1981, federal monies for social services have been allocated to the states as a Block Grant for Social Services. Within the flexibility allowed by law, California made the decision to use the entire Title XX Social Services Block Grant to assist in funding the benefits provided to recipients of the state-mandated In-Home Supportive Services (IHSS) program. Consequently, the APS Program is funded through a State-County block grant entitled the County Services Block Grant (CSBG) which consists entirely of State General Fundand other non-Title XX federal funding sources. Other programs and costs funded by the CSBG include Information and Referral, Out-of-Home-Care for Adults, In-Home Supportive Services Administration, Staff Development and Optional Services.

Since the inception of the CSBG, there have been no increases to APS program funding, despite the growing demand at the local level for protective services to elderly and dependent adults. Legislation that mandates the reporting by certain professionals of suspected elder and dependent adult abuse, as well as growing public awareness of this problem (often generated by tragic and highly publicized local abuse cases), are resulting in increasing referrals and greater workloads in the County welfare departments.

The mandatory abuse reporting law, W&IC Section 1563D, added to the Statute in 1982, requires certain professionals to report instances of suspected physical abuse of elders and dependent adults to the County adult protective services agency or to a law enforcement agency having jurisdiction when the abuse is alleged to have occurred anywhere other than a long-term care facility. (If the abuse has occurred in such a facility, the report must be directed to a local long-term care ombudsman or to the local law enforcement agency having jurisdiction.) W&IC Section 15635 places the responsibility on the County welfare departments and local law enforcement for investigating the reports received if

the abuse has occurred anywhere other than in a long-term care facility. Thus, social worker time is utilized to contact the alleged victim and determine the validity of the report and need for services.

The mandatory abuse reporting law has significantly increased the number of reports of suspected adult abuse made to County welfare departments which by law, W&IC Section 15630 (j), must in turn report to SDSS the number and types of abuse reports received. SDSS records show that 31,004 reports of elder and dependent adult abuse were received by the Counties in 1988, an increase of 103 percent from the 15,292 reports received in 1984. However, since fiscal year 1984-85.

In 1988, the Department undertook a study of the adequacy of the current CSBG funding pursuant to the requirement set forth in the Supplemental Report of the Budget Act of 1987 (5180-001-001 Provision 8). In its report, the Department determined that the Counties have attempted to keep pace with the need for increased funding in APS at the local level through steadily increasing overmatch (County-only) monies. In fiscal year 1986-87, the Counties contributed \$18,458,358 in overmatch to the CSBG funded programs.

The lack of State funding, the increasing demand for services at the local level and poorly defined program standards continue to be serious issues facing the APS Program in California. These issues, coupled with APS dependency on local resources, have greatly contributed to inequities in the types and extent of APS services that are available from County to County.

II. THE PROJECT

Chapter 1163, Statutes of 1985 (SB 129, Mello) created an Adult Protective Services Demonstration Project which tested various types of adult protective services on a time-limited basis in five consenting Counties with the goal of collecting data on the most effective and cost-efficient approaches. The project was implemented in October 1986 in Mendocino, Orange, San Bernardino, Sacramento and Tuolumne. Chapter 1166, Statutes of 1987 (SB 438, Mello) extended authorization and funding for the project through December 1989. With the end of project funding, three Counties (Tuolumne, Mendocino and San Bernardino) reverted to pre-project service levels while the remaining two Counties opted to continue with County-only monies through June 1990.

The project funding enabled the five Counties to provide planned, comprehensive services at a level that surpasses the level of APS typically available throughout the rest of the State. Most Counties do not have a 24-hour emergency reporting system nor available staffing to respond around the clock to adult protective emergencies. Direct services such as emergency shelter are rarely utilized due to the lack of funds and case management is the exception rather than the norm.

The types and extent of services provided by the project Counties during the period funded by SB 438 (July 1988 - December 1989) remained virtually the same as those provided during the first phase of the project under SB 129 (October 1986 - June 1988). As required by legislation, the five Counties provided the following service components throughout the life of the project:

- * 24-hour access to APS
- * Investigation of reports of abuse
- * Assessment of the client's need for services
- * Assurance of services
- * Crisis intervention
- * Coordination of APS with existing community resources
- * Programs for the prevention of adult abuse.

A brief description of each of these service components is provided below. Actual service provision methodologies varied between Counties and were specified and monitored through departmental contracts with each County. The Counties were required to report project activities and expenditures on a quarterly basis. SDSS staff completed on-site monitoring visits to each project on a semi-annual basis. In addition, each project County was required to complete a data sheet called

"Individual Case Information Sheet" on a one-in-ten person sample and submit a comprehensive evaluation report at the end of the project. These data were compiled by SDSS and form the sources for the project findings discussed in this report.

Project Components

24-hour Access: Refers to a crisis line or emergency telephone number in the County that is publicized and available on a 24-hour basis, seven days a week, thereby allowing public access to APS after regular working hours including weekends and holidays.

Investigation of reports of abuse: Refers to activities that are performed to substantiate or validate a report or information received by the County welfare department which alleges adult abuse, neglect, abandonment or exploitation of adults unable to protect their own interests.

Assessment of the need for services: Refers to the written identification of the client's specific adult protective service needs which must be met in order to keep him or her from harm. The assessment is based on information gained from interaction with and observation of the client, and upon data collected from other persons and agencies familiar with the client.

Assurance of services: Refers to the various services and activites designed to assure that the client's needs are met and may include a follow-up activity to evaluate the effectiveness of the services rendered.

<u>Crisis intervention</u>: Refers to prompt, temporary intervention aimed at preventing or alleviating circumstances endangering the well-being of the elder or dependent adult. The length of the intervention may vary, but is not considered permanent or ongoing. It includes transitional care which addresses the adult's immediate protective needs including removal from an abusive situation or provision of a substitute caregiver until a permanent care arrangement can be developed.

<u>Coordination</u> with existing community resources: Refers to the process of working closely with other public and private agencies to meet the client's APS needs. It is a conscious effort to work harmoniously with existing community resources to assure the widest availability of needed services.

<u>Programs for the prevention of adult abuse</u>: Refers to activities or programs aimed at raising community awareness and public understanding of elder and dependent abuse ranging from public awareness campaigns to specific training programs in identifying and reporting suspected adult abuse.

Project Costs

SB 438 provided sufficient funding through the State budget process to operate the five projects from July 1, 1988 through December 31, 1989. A total of \$1,811,200 was allocated from State General Funds of which the Counties spent \$1,761,578. In addition, the project Counties were required to provide a twenty percent match of County funds consisting of either cash or inkind contributions. Overall, the counties contributed \$597,787 in County match, equal to 25 percent of the total project costs.

Of the five projects, Sacramento and Orange County met their match requirement through cash; San Bernardino used in-kind contributions consisting of volunteer and multidisciplinary team services; Mendocino used both cash and in-kind consisting of volunteer services and Adult Day Care; and Tuolumne used in-kind consisting of Public Guardian and local community services.

The total expended funds including both State funds and County match was \$2,359,365 as shown below:

 State Funds:
 \$1,761,578

 County Match:
 597,787

 Total:
 \$2,359,365

The following chart reflects the total project costs, by County:

	<u>Iuolumne</u>	Mendocino	Orange	<u>San Ber-</u> nardino	Sacramento
State	\$75,030	\$313,033	\$280,000	\$255,515	\$838,000
County	18,759	<u> 78,260</u>	112,768	<u>86,304</u>	<u>301.696</u>
Total	\$93,789	\$391,293	\$392,768	\$341,819	\$1,139.696

The largest portion of project funds was spent on personal services and related allocable support costs for project caseworkers and casework supervisors. A total of \$2,031,073 was spent on personal services and allocable support and an additional \$10,359 was spent on training and staff development for a total of \$2,041,432 or 87 percent of total project costs.

A total of 17,512 casework hours were provided by the five project Counties, therefore, the average cost of a single casework hour was \$117 with a low cost of \$93 per casework hour in Tuolumne and a high cost of \$128 per casework hour in Orange County. The chart below reflects the total amount spent by each project County on personal services [including allocable support, training and staff development], the total number of casework hours provided in that County, and the average cost of a casework hour in that County:

	Personal Services	Casemork Honra	a Casework Hour
Tuolumne	\$68,473	735	\$93
Mendocino	\$286,789	2584	\$111
San Bernard	\$240,143	2091	\$115
Sacramento	\$1,067,764	9146	\$117
Orange	\$378,263	2956	· \$128

Altogether, the five project Counties placed 281 clients in emergency shelter for a total of 2,291 days, or an average of 8.1 days per client. The Counties provided or purchased 7842 days of In-Home Transitional Care and In-Home Respite for 1,215 clients, or an average of 6.4 days per client. The Counties also provided or purchased 1,141 days of Out-of-Home Respite for 76 clients, or an average of 15 days per client.

Only a small percentage of project funds was spent on the actual purchase of direct services. A total of \$125,901 was spent on the purchase of Emergency Shelter, In-Home Transitional Care and Respite Care. However, this amount does not reflect the full cost of these services. In addition to purchase, the Counties obtained some services at no charge, eg., emergency shelter was utilized at community agencies such as Salvation Army at no charge and the Counties' In-Home Support Services (IHSS) contract providers were used to provide In-Home Care at no direct cost to the project. The value of these services cannot be determined from information available.

An additional \$126,260 of in-kind match consisting of direct services or case consultation provided by volunteers, case aids and multidisciplinary teams was contributed to the project for a known total of \$251,161 in direct services accounting for eleven percent of total project costs.

The chart on the following page reflects the amount of funds expended by each project County by major cost category for the term of the SB 438 project (July 1, 1988 to December 31, 1989).

SB 438 ADULT PROTECTIVE SERVICES DEMONSTRATION PROJECT EXPENDITURE SUMMARY

JULY 1, 1988 - DECEMBER 31, 1989

SAN COST CATEGORY TOTAL MENDOCINO ORANGE SACRAMENTO BERNARDINO TUOLUMKE Personal Services \$1,205,273 \$175,721 \$225,778 \$626,551 \$140,414 \$36,809 825,800 111,033 148,955 440,198 . 93,950 31,664 Allocable Support Direct Costs* 175,168 83,440 6,889 64,291 14,219 6,329 Staff Development/ Training Costs 10,359 35 .3,530 1,015 5,779 -0-Hot Line 1,153 $A \setminus \mathcal{A}$ N/AN/A1,153 N/A Direct EDP Costs 15,353 N/A7,616 7,641 N/A96 In-Kind Match 126,259 21,064 N/AN/A 86,304 18,891 TOTAL: \$2,359,365 \$391,293 \$392,768 \$1,139,696 \$341,819 \$93,789 STATE SHARE: \$1,761,578 \$313,033 \$280,000 \$ 838,000 \$255,515 \$75,030 CWD MATCH: \$ 597,787 \$ 78,260 \$112,768 \$ 301,696 - \$ 86,304 \$18,759

(N/A) Not Applicable

^{*}Includes purchase of services, overtime/standby pay in Mendocino County, and purchased personnel services in Sacramento County.

IV. PROJECT FINDINGS

The project Counties handled a variety of adult abuse situations ranging from the least serious type of unintentional neglect or failure to fulfill a caretaking obligation, to the most serious types of active neglect and physical abuse. The project also handled self-neglect cases. Sample project cases are described beginning on Page 14.

The project findings listed below reflect all adults who were referred to APS in the five project Counties from the period of July 1, 1988 through December 31, 1989. A total of 832 Individual Case Information Sheets were submitted by the project Counties representing one-tenth of the 8320 clients served by the project.

For purposes of comparison, the following chart displays the population of each project County, the number of clients served by the County, and the percentage of the total <u>project</u> population reflected by each County. Sacramento County accounts for the largest percentage of clients served by the project (42 percent) and Tuolumne had the smallest percentage (4 percent).

	County Population*	<u>Clients Served</u>	Percent of Project Population
Tuolumne	34,000	370	4.4
Mendocino	67,000	570	6.9
San Bernard,	700,000	1450	17.4
Orange	1,933,000	2420	29.1
Sacramento	784,000	3510	42.2
Total	3,518,000	8320	100,0

*Based on 1980 U.S. census. San Bernardino's figure reflects the Rancho Cucamonga project area only.

The following is a summary of the composite data derived from the Individual Case Information Sheets submitted by the project Counties. These findings confirm the earlier SB 129 project findings. Any significant differences between the SB 129 and SB 438 project findings are so noted.

1. Client Characteristics:

- * The project served a total of 8320 clients. Over half (64 percent) of the clients served were female.
- * Over half of the clients served were between the ages of 65 to 84 years. The ages of clients fell into the following categories: 18-59 years (22 percent), 60-64 years (7 percent), 65-84 years (56 percent), 85 years and older (14 percent), Unknown (1 percent).
- The largest group of clients (43 percent) fell in the \$561-999 monthly income level. This is due in part to the fact that 41 percent of the clients were receiving Supplemental Security/State Supplementary Program (SSI/SSP) benefits. The incomes of project clients fell into the following categories: No Income (1 percent), \$1-560 (7 percent), \$561-999 (43 percent), \$1000-2500 (11 percent), Over \$2500 (1 percent), Unknown (37 percent).
- * Ninety percent of all clients had some type of primary disability. Primary disabilities fell into the following categories: Physical disabilities including chronic health problems (51 percent), Mental disabilities (11 percent), Alzheimers (7 percent), Head or brain injuries (5 percent), Substance abuse (3 percent), Developmentally disabled (7 percent), Other disabilities (6 percent), None/unknown (10 percent).
- * The majority [83 percent] of the clients served were white, 7 percent black, 6 percent Hispanic, 1 percent Asian, 1 percent Indian, Filipino, or Alaskan and 2 percent unknown descent.
- * The majority [88 percent] of the clients served were living in a private residence at the time of the referral. Other living arrangements were as follows: 4 percent had another noninstitutional living arrangement, 4 percent were living in a medical institution, 2 percent in a hotel/motel, and only 2 percent had no established residence.

2. <u>Referral Data</u>:

- * Most referrals (96 percent) were received during working hours. Overall, only 4 percent of all referrals were received after normal working hours including weekends and holidays.
- * Almost three-quarters (72 percent) of all referrals were abuse reports. (This was slightly higher than the 65 percent found in the \$B 129 project.) Just over half of these reports (51 percent) were substantiated.

* Three-quarters (75 percent) of all referrals were voluntary clients with the other 25 percent initially reported as non-voluntary.

3. Response Data:

- * The County welfare departments responded to 30 percent of all referrals within 4 hours from receipt of the information. They responded to another 16 percent within 24 hours, another 22 percent within 72 hours, another 30 percent within 10 days, and only 2 percent received an initial response after 10 days.
- * Three-fourths (74 percent) of all referrals had a face-to-face response. (This was slightly less than the 81 percent that received a face-to-face contact in the SB 129 project.) It was concluded that a face-to-face response was not required for the remaining 26 percent.
- * The County adult protective services agencies conducted investigations on 76 percent of the abuse reports received. Of these investigations, 87 percent were conducted by APS alone and the remaining 13 percent were joint investigations involving other agencies such as law enforcement, the Ombudsman, or other public agencies.
- * Either an investigation and/or an assessment was completed on 78 percent of the clients referred. (This was slightly less than the 86 percent that had an investigation and/or assessment completed in the SB 129 project.) The primary reason for an investigation/assessment not being completed was other agency intervention (53 percent), followed by client refusal to accept the services offered (22 percent), followed by inability to locate the client/client moving out of the service area (11 percent).

4. <u>Services Data</u>:

- * The most cited reason for requesting services fell under the personal functioning needs category (43 percent). This category includes those clients who were unable to care for themselves and who needed assistance with daily living chores. Other cited reasons fell into the following nonexclusive categories: impairment needs (24 percent), environmental needs (17 percent), exploitation (17 percent), and personal danger needs (27 percent).
- * The majority of clients were judged to be safely maintained, both on a short-term and on-going basis, as a result of intervention by the Counties. Ninety percent were judged safely maintained following short-term intervention and 86 percent were so determined on an ongoing basis. The primary reason given for those who were not, was the client's refusal to accept services offered.

- Nearly three-fourths (7D percent) of all cases opened were closed within one month. An additional 11 percent were closed within 6D days and an additional 1D percent within 9D days. Only 9 percent of all cases remained open for more than 9D days.
- * The most frequently provided service was counseling with nearly half (48 percent) of all clients receiving counseling. Case management was the second most frequently received service (42 percent) and advocacy was the third (23 percent).
- * The following chart depicts the various services provided by the five project Counties, in order of frequency, showing the number and percent of clients who received each service. For purposes of comparison, the numbers from the SB 129 project are also shown:

SB 438	SB	129
Counseling	36 27 03 43 44 73 13 44 73 13 73 73 73	[55%] [43%] [30%] [15%]
Vocational Rehabilitation . 5D (-)	9	()

5. Abuse Characteristics Data:

- * Almost three-fourths (72 percent) of all referrals were abuse reports. Just over half (51 percent) of these reports were substantiated.
- * "Abuse by others" accounted for 64 percent of the abuse reports that were substantiated. Self abuse (including self neglect) accounted for the other 36 percent of substantiated cases.
- * The most common types of "abuse by others", in order of frequency, were as follows: assault and battery (26 percent), inflicting mental suffering (24 percent), neglect (22 percent), fiduciary abuse (19 percent), sexual abuse (3 percent), abandonment (3 percent), other (3 percent).

- * In one-third (33 percent) of the abuse by others, the alleged abuser was the offspring. The next most frequently identified abuser was the care custodian at 17 percent. followed by the spouse at 14 percent.
- * Males accounted for over half (59 percent) of identified abusers.
- * Corresponding to the abuser's relationship to the client, the most predominate age range for the abuser fell in the 22-40 years category [27 percent].
- * Fifteen percent of all clients referred had prior abuse reports made to the County welfare department.
- * In 68 percent of the abuse reports, the location of the abuse was the client's private residence, 21 percent in another private residence, 2 percent in a community care facility, 4 percent in no established residence, 2 percent in a nursing home, and 3 percent in other.

Sample Cases

Ihe Case of David Y.

David was an 88-year old miner when he first came to the attention of Tuolumne County Welfare Department which received five referrals concerning this client. David was living alone; most of his immediate family were deceased or extremely debilitated themselves. He had no children and his nieces and nephews were discouraged from his refusals of their help. He was extremely frail, hard of hearing, had an amputated left leg, a hip fracture, short-term memory deficits and could barely see. He refused to hire attendants although he had a great deal of money.

Despite his many frailties, David would attempt to drive his car and had several accidents. His insurance had been cancelled. His mobile home was filthy and the heat was not working. Both PG&E and the phone company were threatening to shut off service after several months of non-payment.

The welfare department received reports that David had been financially exploited. In addition, David's stump from his amputation had developed a large, open wound and he had other acute health problems for which he was not getting medical attention. He was surviving by attempting to drive to a fast food restaurant where he would borrow money from other customers and employees to buy food. He would often sleep there all afternoon. Although he had many thousands of dollars in the bank, he had forgotten how to access it or to write a check.

The APS worker was able to convince David to accept temporary placement in a board and care facility. His medical needs were addressed. Eventually the worker was able to get his family members together and they were able to straighten out his finances and make his home livable again. David began to thrive at the board and care. His mental status improved considerably once his nutritional status was addressed. His relationship with his nephew and nieces improved. Although he was never able to return to his mobile home, he is living comfortably in the board and care facility.

Ine Case of Mary S.

A neighbor made a report to the San Bernardino County Adult Protective Services on a 73-year old woman who was suspected of being abused physically and mentally by her adult son. Law enforcement had been out previously, but the client consistently denied allegations. She walked around the neighborhood appearing malnurished. Her home was extremely dirty with little food in evidence and a yard full of trash and cars. The neighbors reported that the client's son had been abusing her for years.

During a home assessment, the client reported that her son was physically and verbally abusive to her. The client stated the last time her son hit her was two days prior to the APS worker's visit. The client appeared intimidated by the son who was uncooperative with the worker's attempts to alleviate the unhealthy and abusive situation.

Due to the client's confusion and disorientation, and the son's unwillingness to assist, a psychiatric assessment was recommended by the APS worker. The County's Psychiatric Assessment Team was consulted along with law enforcement and a 5150 order (72-hour psychiatric hold) was obtained. The client was placed in the hospital for evaluation, then placed in transitional housing with SB 438 project funds. During the two months the client was temporarily placed, the APS worker arranged a complete geriatric assessment at the hospital and it was found that the client was suffering from Senile Dementia of the Alzheimer's type. A referral was made to the Public Guardian's Office from which a public guardian was assigned and conservatorhip obtained. Although several family members were in touch with the APS worker, none were willing or able to act as the conservator for the client.

The Case of Connie R.

The Orange County Social Services Agency received a report from a friend of Connie R. who was concerned about her welfare. Connie was 77-years old, had suffered a stroke years before and was bedbound. Several unknown people had moved into her house to provide care and there were six cars and a motorcycle in the yard. Neighbors were not allowed in and no one had seen Connie in over a year.

The APS worker, with police assistance, was permitted access to the residence and found the client in a bedroom. She reported that she was being "ripped orf" by her caretakers and they were selling her property and writing checks against her bank account. She was virtually a prisoner in her own home and was not allowed to talk on the phone or to have visitors. She had not seen a doctor in over a year and, at her request, APS arranged transportation to a hospital. After her release, she was placed in a long-term care facility and is currently pressing charges against her previous caretakers, two of whom were arrested and booked by the Orange County Police Department. APS is still working with this client to get her back into her home with the assistance of the In-Home Support Services Program.

Ibe Case of Susan A.

Sacramento County Department of Social Services received a referral on Susan A., a 77-year old, single woman residing in her own home and receiving Social Security benefits. Upon initial assessment it was determined that the client had been exploited by relatives in the past. She had a lengthy history of alcoholism and suffered from arthritis and a brain injury but was able to ambulate without assistance. Her home was dirty and in need of repairs and when the APS worker first intervened, the client was on the verge of losing her home due to financial mismanagement and many debts.

The APS worker made a referral for the client to a geriatric clinic for evaluation and follow-up care. An agency homemaker was assigned to assist the client in organizing her household. Sub-payee services were arranged to assist the client with her finances, and as a result, the client was able to keep her residence. A referral was made for a one-time heavy cleaning and to the Special Circumstances Funds for home repairs. The APS worker also arranged long-term case management so that the client would be contacted at intervals to ensure she was managing her basic needs.

The Case of Bernice I.

The Orange County Social Services Agency received a report from an interested neighbor about a 75-year old female. A separate report was received from the County Mental Health Department who had been contacted by the Anaheim Fire Department because the same woman frequently dialed 911. APS investigated the referrals and found the client barricaded in her home by her much younger husband who was trying to prevent the client from wandering while he was at work. The barricade was made of heavy furniture against the doors. The client was found to be incontinent and unable to care for herself. The client's spouse seemed disinterested in her condition except to keep her from wandering the neighborhood.

This case was handled by the County's multidisciplinary team. The APS worker, after threatening to make a referral to the County for conservatorship of the client, was able to motivate the spouse to retain a private attorney to arrange assets so that the client could be cared for properly and constantly supervised. She was placed in a residential care facility and both she and her husband appear statisfied with this arrangement.

The Case of William B.

The Sacramento County Department of Social Services received a report on William B., a 90-year old legally blind man living in his own home who had been robbed several times and who had a history of non-compliance with social services agencies. His spouse was living in a skilled nursing facility. This client was described as valuing his independence. Although he was delusional at times, conservatorship was denied because the determination was made that he was capable of managing his own affairs.

The APS worker assisted the client in organizing his monthly bills and insurance matters. Arrangements were made for a home health care worker and a Senior Companion. The client was also placed on long-term case management provided by a case manager and case aide. He was referred to a telephone reassurance program. As a result of these interventions, the client remains safely in his own home and appears more cooperative, talkative and less depressed.

IV. IMPLICATIONS FOR THE APS PROGRAM

The previously cited cases were served with SB 438 project funds. If these clients had resided in one of the 53 non-project Counties it is probable they would not have received the breadth and quality of services that were provided. The project Counties demonstrated that with increased funding, APS services can be provided uniformly on a statewide basis at reasonable cost. All of the project Counties effectively implemented the required program components and independently developed similar service standards. While County demographics may differ, the project. Counties defined similar protective service needs among their adult populations which are not currently being met on a statewide basis and to which fiscal attention must be directed.

The APS demonstration project targeted the most essential and frequently needed activities for case resolution. These activities include Counseling, Advocacy, Case Management, and referral to existing Medical and Mental Health resources. These activities were performed by social services staff of the County welfare departments. The most critically needed purchased service was Transitional Care including both Emergency Shelter for those clients who must be temporarily removed from a potentially life-threatening situation, and In-Home Care for those who need a temporary home or health aide to alleviate a critical situation.

In addition to demonstrating the types of services that require funding on a statewide basis, the project Counties revealed that departmental regulations must allow for County flexibility in actual provision methodologies. The presence or lack of community resources will dictate the County's choice of service methodologies. For example, some Counties may be forced to reserve emergency shelter beds due to the scarcity of community shelters or facilities to temporarily house elders and dependent adults served by the project. Other Counties may be able to use existing community resources at little cost to them other than daily use charges. And even other Counties will utilize existing community shelters operated by non-profit organizations at no cost to them or their clients.

In summary, the project Counties demonstrated that the most effective and cost-efficient methodology for delivering adult protective services is for the County welfare department to develop a system of remedial resources through liaison with public and private agencies. The key to successful adult protective services is the County's ability to organize and tap into the existing local adult services network. The County welfare department must coordinate with other departments and agencies in a manner that clarifies referral procedures and ensuing responsibilities. When other resources are not

available, it is incumbent upon the County welfare department to provide the service itself, either with social work staff or by purchase/contract with service providers. In those Counties where an effective adult services network operates, duplication of effort is minimized and resources are maximized to best meet the needs of the client.

The APS demonstration project resulted in the Department making over 50 recommendations to improve the types and standards of services currently being provided. These recommendations were originally presented to the Legislature in the Department's report dated December 1988 and are reiterated below. If implemented, these recommendations would achieve minimum, uniform services on a statewide basis. The annual cost for a statewide APS program utilizing the following service standards would be \$76 million (1988-89 dollars), consisting of approximately \$75 million in personnel services/allocable support and just over \$1 million for purchase of direct services.

SDSS Recommendations

I. APS Program Components:

The following program components and related service standards are essential to a uniform statewide APS Program: 1) 24-hour Access, 2) Investigation of Abuse Reports, 3) Assessment of the Client's Need for Services, 4) Assurance of Services, 5) Community Education and Training, and 6) Coordination with Existing Community Resources. Each of these components is further defined below and accompanied by recommended service standards.

II. Component Definitions and Service Standards

- 1.) <u>24-hour Access</u>: Refers to a crisis line or emergency telephone number in the County that is well-publicized on a 24-hour basis, seven days a week, allowing public access to APS after regular working hours, on weekends and holidays.
 - a. The crisis number should be toll-free and accessible to the hearing impaired. This component may include utilization of existing County crisis lines, communication centers or answering services during after hours.
 - b. 24-hour access should include emergency in-person response capabilities by social work staff via use of on-call staff equipped with pagers and County vehicles, if necessary.

- c. Emergency in-person response to be based on the social worker's evaluation of the situation and to occur only if available information indicates that the adult is in imminent danger and cannot be handled more appropriately by another agency.
- 2.) <u>Investigation of Abuse Reports</u>: Refers to activities by APS staff to substantiate or validate a report or information received by the County welfare department which alleges adult abuse, neglect, abandonment or exploitation.
 - a. County APS agencies to receive and investigate all reports of adult abuse occurring outside of long-term care facilities. Investigative staff to be at the social worker level subject to SDSS waiver of this requirement.
 - b. County APS agencies to provide assistance to local longterm care ombudsman investigations when requested, provided the victim gives his or her consent to this assistance.
 - c. Initial response time frames from "immediately" to ten calendar days parallel to the emergency nature of the report relating to the health and safety of the adult.
 - d. Investigative contacts to include family members and other pertinent persons as appropriate in each case and to include an interview with the alleged abuser if possible.
 - e. The scope of investigation to be sufficient to determine the validity of the allegation, but not to include activities which are usually undertaken by law enforcement agencies in the investigation of criminal cases for prosecution.
- f. Development of a standard investigative form by SDSS in consultation with County APS agency representatives for statewide use. (This was completed by SDSS and County representatives in May 1990.)
- Needs Assessment: Refers to the identification of the client's specific adult protective needs which must be met in order to keep him or her from harm. It is based on information gained from interaction with, and observation of the client, and upon data collected from other persons and agencies familiar with the client.
 - a. Completion of the assessment by County APS social work staff prior to finalization of the written service plan.

- b. Inclusion of face-to-face contact with the client.
- c. Initiation as soon as possible, but no later than ten calendar days from the initial report/request for service.
- d. Use of a standardized needs assessment document to be developed by SDSS in consultation with the County APS agencies, the Department of Aging and client advocates, and to include, at a minimum, the following factors:
 - -client's physical, emotional and mental status
 - -client's economic and environmental conditions
 - -client's support systems and own coping skills
 - -precipitating factors leading to current situation
 - -collateral contact information
 - -any pertinent service history.
- 4.) Assurance of Services: Refers to the various means of assuring that the client receives the services necessary to protect him or her from abuse, neglect, abandonment or exploitation. Such services may include immediate interventions, emergency shelter, developing service plans, counseling the victim and family, etc.
 - a. A written service plan to be required of all cases where the assessment identifies needs of the client that require APS intervention or services.
 - b. The service plan to be developed with the client and his or her family, if appropriate, and to require the client's signature denoting acceptance or an explanation why the client did not sign.
 - c. The service plan to list all of the needed services with time-limited goals and notation of responsible persons/agencies.
 - d. Service plan to require social work supervisory review and signature of approval. Any significant changes to the original plan shall also require the supervisor's signature.
 - e. The length of a case to be limited to 90 days with a possible extension upon supervisor's review of the reasons for continuing services.
 - f. Available services to include Counseling, Advocacy, Case Management, Transportation, Money Management, Emergency Food, Crisis Intervention including Emergency Shelter, In-Home Transitional Care and Respite Care, and referral to the following: Medical and Mental Health Care, In-Home Care, Representative Payee and Conservatorship.

- g. Counseling to be provided by County social workers except when appropriate to refer to mental health professionals.
- n. Case management to be provided by County social workers when not available from other resources, ie., the client does not meet other case management agency criteria.
- i. Advocacy to be provided by County social workers until such time that the client may become the client of another agency through referral. May be performed in collaboration with other programs, but shall not be purchased with State or Federal Funds.
- j. In-home Care to be limited to referral to the State In-Home Support Services (IHSS) Program for determination of eligibility. For ineligible clients, to be restricted according to the outlines provided under #5 below.
- k. Transportation to be provided by the County welfare departments to effect a temporary or permanent placement or a preplacement visit, only if appropriate and safe transportation is unavailable by other means.
- Money management to be provided only when it is a protective service as defined by case factors and to consist of assisting the client in organizing his or her finances and monthly expenses.
- m. Representative payee to be accomplished via referral to other agencies including the Offices of the Public Guardian/Conservator if available, or arranging for appropriate persons to act as representative payee on behalf of the client.
- 5.) <u>Crisis Intervention</u>: Refers to temporary intervention aimed at preventing or alleviating circumstances endangering the well-being of the elder or dependent adult. It includes transitional care which addresses the adult's immediate protective needs until a permanent solution can be developed and implemented.
 - a. Emergency shelter to be limited to voluntary clients who are in immediate danger of physical abuse, severe neglect including self-neglect, or abandonment who are unable to care for themselves, have no other resources available and are not eligible for other emergency programs.
 - b. Emergency Shelter to be provided a maximum of 3D days, unless an extension is authorized by a supervisor, not to exceed an additional 3D days.

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- c. Protocols for admittance of APS shelter clients into board and care facilities to be developed jointly by SDSS in consultation with Community Care Licensing and the County welfare departments.
- d. County social workers to visit and provide counseling to each client placed in a shelter not less that once per shelter placement.
- e. Respite Care to be provided to the client whose safety is endangered by the lack of respite for his or her normal caregiver and to be provided at a frequency of not more than once per week based on case factors not to exceed 48 hours in any single period.
- f. In-Home Transitional Care to be provided to clients who require immediate in-home emergency care while permanent care plans are being developed and to be limited to 3D days unless an extension is authorized by the supervisor not to exceed an additional 3D days.
- 6.) Community Education and Training: Refers to activities or programs aimed at raising community awareness and public understanding of elder and dependent adult abuse, reporting channels and APS services available.
 - a. Community education and training to include efforts to educate the general public and to make information concerning adult abuse and its prevention available to the public.
 - b. Community education and training to include efforts to educate mandated reporters of their reporting responsibilities and to facilitate cross-reporting between responsible agencies.
- 7.) <u>Coordination with existing Community Agencies</u>: Refers to the process of working closely with other agencies to ensure the widest availability of services for each client.
 - a. County APS agencies to initiate contact with other agencies and: 1) Identify contact persons; 2) Mutually define roles and responsibilities of respective agencies; and 3) Identify areas of mutual agency assistance in the provision of services to ensure the best protection to the client and avoid duplication of effort.
 - b. County APS agencies to participate in efforts or task forces convened by other resource organizations which are for the purpose of enhancing levels of coordination among adult service providers.